

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			2/3
FORMALITY REVIEW	20	109853	2/3/99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original		Final	
1	2/2/99	1	2/2/99	101	
2	✓ 2/2/99	2	2/2/99	102	
3		3		103	
4		4		104	
5		5		105	
6		6		106	
7		7		107	
8		8		108	
9		9		109	
10	✓ ✓ ✓	10		110	
11		11		111	
12		12		112	
13		13		113	
14		14		114	
15		15		115	
16		16		116	
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20		20		120	
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27		27		127	
28		28		128	
29		29		129	
30		30		130	
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32		32		132	
33		33		133	
34		34		134	
35		35		135	
36		36		136	
37		37		137	
38		38		138	
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41		41		141	
42		42		142	
43		43		143	
44		44		144	
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46		46		146	
47		47		147	
48		48		148	
49		49		149	
50		50		150	
		100			

If more than 150 claims or 10 actions  
staple additional sheet here

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